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## COVER LETTER

	Registration Section Division of Corporations		9/14/19				
SUBJEC	PCI Florida Real Estate, LLC						
(7(7))	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encl	losed Registered Agent/Registered Offi	ice Change and	I fee(s) are submitted for filing.				
Please re	cturn all correspondence concerning th	is matter to the	following:				
Mark F	Rosenfield						
	Name of Person		<del></del>				
Poseid	don Capital Investors LLC						
	Firm/Company		<del>_</del>				
1340 N	N Great Neck Road 1272-352						
	Address						
Virginia	a Beach, VA 23454						
	City/State and Zip Code		<del></del>				
markr(	@poseidoncapitalllc.com						
E-i	mail address: (to be used for future ann	ual report noti	fication)				
For furth	her information concerning this matter,	please call:					
Mark F	Rosenfield	757 at (	544-2451				
	Name of Person	,	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following	; amount:					
	2 \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy				

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability cosubmits the following statement in order to change its registered office or registered agent, or both, in the S-Florida

1.	Na	me of the limited liability company:	PCI Florida Re	al Esta	ate, LLC	
2. (		801 S Olive Avenue, Unit 126	_	(b)	801 S Olive Avenue, Unit 126	
'	1417	Principal office address of limited li (Note: MUST BE STREET)		_	Mailing address of limited liability co	
		West Palm Beach, FL 33401		-	West Palm Beach, FL 33401	
		3/13/18		-	L18000065969	<del></del>
3.		Date of filing/registration i	n Florida	4.	Document number	
5.	(a)	Christopher Y Mills ESQ.			1	
	14.7	Registered Agent and Registered Office sho	own on the records of the	e Florida	Dept. of State:	
		Registered Office Address (MUST BE) 300 East Las Olas Blvd., Sui		ODRESS	1	
		Ft. Lauderdale	FI 3	3301		
	(b)	ZURAW GEIB, PLC				
		Enter name of NEW Registered Agent and	or <u>NEW Registered C</u>	office add	Iress:	· •
		209 SE 5th Avenue			:	
		NEW Registered Office Address:				त्यं :
						<u>.</u> نـــ
		Delray Beach	, FL_3	33483		
the age wa	echa ent v s/wa	inge or changes are made, the Florid will be identical. Or, in the case of a	a street address of the Florida limited liab of the members of	he regis vility co the lim	State of Florida, it is hereby confirmed that ered office and the business office of the impany, it is hereby confirmed that the efficient liability company or as otherwise projability company.	e regi jange
	_/	NW		Mai	rk Rosenfield	
	-	ture of a member or authorized representativ			Printed or typed name of signee	
- [ ]; -pro	iere ovisi	by accept the appointment as registe ions of all statutes relative to the pro	red agent and agre- per and complete p	e to act erform	in this capacity. I further agree to compance of my duties, and I am familiar with	dv wi 'and

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wiprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.

Signapare of Registered Agent